

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of : Mary Darlene Temple  
Serial No. : 10/725,806 Examiner : Ackun, Jacob  
Filed : December 2, 2003 Art Unit : 3728  
For : APPARATUS AND METHOD FOR DELIVERY OF  
MEDICATION

COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria VA 22313-1450

Sir:

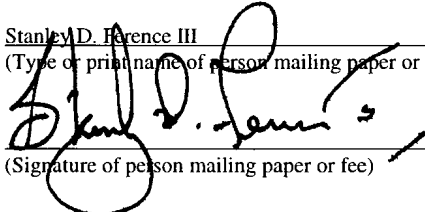
Transmitted herewith is an Amendment in the above-identified application.

1. ☐ Applicant requests an extension of time to respond to the outstanding Office Action. A Petition for an extension of time is enclosed.
- OR
2. ☒ In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.
3. ☐ Small Entity status of this application has been established by a verified statement previously submitted.
4. ☐ A verified statement to establish Small Entity status is enclosed.

CERTIFICATE OF TRANSMISSION UNDER 37 CFR § 1.8(a)

I hereby certify that this correspondence and any documents referred to as enclosed therewith are being filed with the Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, by EFS Web on July 25, 2008.

Stanley D. Erence III  
(Type or print name of person mailing paper or fee)

  
(Signature of person mailing paper or fee)

5. ☐ Also enclosed: \_\_\_\_\_
6. ☒ No additional filing fee is required.
7. ☒ The filing fee has been calculated as shown below:

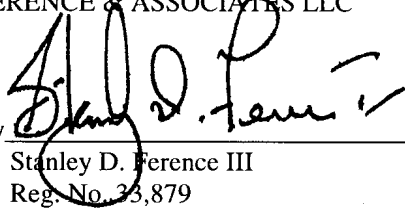
	Claims Remaining After Amendment (Col. 1)	-	Highest No. Prev. paid for (Col. 2)	=	Present Extra (Col. 3)	x	SMALL ENTITY			x	OTHER THAN A SMALL ENTITY	
							RATE	FEE			RATE	FEE
Total Claims	10	-	** 20	=	* 0	x	\$25	=	O	x	\$50	=
Ind.	2	-	*** 3	=	* 0	x	\$105	=	O	x	\$210	=
Claims									R			
<input type="checkbox"/> Multiple Dependent Claim Presented						+	\$185	=	O	+	\$370	=
									R			
							TOTAL	= \$	O		TOTAL	= \$
									R			

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- \*\* If the "Highest No. Prev. paid for" in this space is less than 20, write "20" in this space
- \*\*\* If the "Highest No. Prev. paid for" in this space is less than 3, write "3" in this space.

8. ☐ Applicant encloses herewith a check for \$\_\_\_\_\_ to cover the filing fee.
9. ☐ Submitted herewith is a completed Credit Card Payment Form. The Commissioner is hereby authorized to charge the \$\_\_\_\_\_ filing fee to the credit card identified in the Credit Card Payment Form submitted herewith.
10. ☐ The Commissioner is hereby authorized to charge payment of any additional filing fees associated with this communication or credit any overpayment to the credit card identified in the Credit Card Payment Form submitted herewith.

Respectfully submitted,

FERENCE & ASSOCIATES LLC

By   
Stanley D. Ference III  
Reg. No. 33,879

Dated: July 25, 2008

Mailing Address:

**Customer No. 35195**  
FERENCE & ASSOCIATES LLC  
409 Broad Street  
Pittsburgh, Pennsylvania 15143  
(412) 741-8400  
(412) 741-9292 - Facsimile